

UTILITY BILLING INCOME WORKSHEET YEAR _____

Date Application Received: _____

SCHEDULE "A"

Date: _____ Service Address: _____

Telephone #: _____ Utility Account #: _____

Each applicant and his or her spouse or co-tenant must complete the application. Total household income must not exceed \$18,000 per year.

	Applicant A	Applicant B	Applicant C	Total
Applicant Name				
Social Security Number				
Date of Birth				
Annual Income Source				
Social Security (including Medicare)				
Pension Benefits				
Public Assistance				
Interest/Dividends (1099)				
Salaries/Wages				
Business Income (Net)				
Supplement Security Income (SSI)				
Social Security Disability Income (SSDI)				
Veterans Payments				
IRA withdrawal				
Gifts *				
Other (please list below)				
Total Income				

* Could be subjected to an allowance adjustment

I the undersigned do hereby certify under penalty of perjury, that I have read and understood all of the program guidelines provided on this application, and that all of the information provided by me on this application is true to the best of my knowledge. I understand that any attempt to falsify my information will result in my disqualification from this program. I further certify that my income status remains the same as presented on my documentation.

Applicant Name (Printed)

Applicant Signature

Date

Applicant Name (Printed)

Applicant Signature

Date

Applicant Name (Printed)

Applicant Signature

Date